

FAQ Relating to the EHR Incentive Program for Eligible Professionals (EPs)

If you have any questions or concerns, please contact our Meaningful Use Support team at 877-952-7477 or by email at support@crisphealth.org. All specific questions related to meaningful use public health objectives can be directed to dhmh.mu_ph@maryland.gov

1. What individual provider types are eligible for the Medicaid EHR Incentive program?

A Medicaid Eligible Professional (EP) is defined as one of the following individual provider types:

- Physicians
- Nurse Practitioners
- Certified Nurse-Midwives
- Dentists
- Physician Assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a Physician Assistant
- Optometrists

2. What Medicaid patient volume thresholds do I need to meet in order to participate in the Maryland Medicaid EHR Incentive Program?

Eligible Professionals (EPs) in the Medicaid EHR Incentive Program must meet one of the following criteria:

- Have a minimum 30% Medicaid patient volume
- Have a minimum 20% Medicaid patient volume, and is a pediatrician
- Be a physician assistant who practices predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

3. What does it mean to have 30% Medicaid patient volume?

Patient volume is based on encounters that occur in a continuous and representative 90-day period in the previous calendar year for Eligible Professionals (EP). For the Medicaid EHR Incentive Program, the following definition of an encounter applies:

- Services rendered on any one day to an individual enrolled in Medicaid. This definition includes zero-paid claims and individuals enrolled in Maryland's Children's Health Insurance Program (CHIP).

4. What if I'm not sure if I have 30% Medicaid patient volume?

Providers are encouraged to submit if they are close to the patient volume requirement. Medicaid will validate actual Medicaid patient volume seen by the provider during the attestation review. Whichever method is the most favorable to the provider will be the method employed to make eligibility determinations.

5. How much money will I receive in incentive payments?

Eligible Providers that successfully attest with the Medicaid EHR Incentive Program by 2016 are eligible to receive the full incentives (\$63,750) available if they participate successfully for all six years of the program. The last year to receive payments is 2021. In the first year of the program, the incentive payment for successful participation is \$21,250. For all subsequent years, the incentive payment for successful participation is \$8,500.

6. What does “Adopt, Implement, or Upgrade” (AIU) mean?

In the first year of participation, providers do not have to meet Meaningful Use (MU) criteria. First year EPs can attest to Adopt, Implement, or Upgrade (AIU) or MU. For all subsequent years, EPs must meet the MU criteria.

- Adopt - acquired certified EHR technology
- Implementation - began using EHR
- Upgrading - expanded EHR

7. What is “Meaningful Use” (MU)?

The requirements of Meaningful Use (MU) to qualify for incentive payments are defined in the final EHR incentive program rule. The Medicaid EHR incentive program provides a financial reward for the meaningful use of certified EHRs to achieve health and efficiency goals. By implementing and meaningfully using an EHR system, providers will reap benefits beyond financial incentives - like reduction in errors, availability of records and data, and reminders and alerts.

To qualify for incentive payments, meaningful use requirements must be met in the following ways:

- The use of a certified EHR in a meaningful manner (e.g. e-Prescribing, or the electronic transfer of a prescription from the provider to a pharmacy;
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care; and
- The use of certified EHR technology to submit clinical quality and other measures.

8. What is “group proxy”?

If your group can meet the 30% Medicaid patient volume, you are able to use the “group proxy” option. If you use this attestation method, all EPs in the group must use the same encounter information and EHR certification IDs. For more information, please visit the section regarding “group proxy”.

9. How do I submit an attestation with the Maryland Medicaid EHR Incentive Program?

For detailed instructions on how to submit an attestation with the Maryland Medicaid EHR Incentive Program please refer to the “eMIPP Provider User Guide”.